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**UAAACT Travel Reimbursement Worksheet
Non-State and USDB Employees**

Date: _____

Name: _____

FAX Number: _____

(To send you the form to verify, sign and return to Lynn Marcoux)

Address: _____

City/State/Zip: _____

Date of Departure: _____

Date of Return: _____

Time of Departure: _____

Time of Return: _____

(From your home or workplace)

(To your home or workplace)

Destination & Purpose _____

Lodging:

Lodging Name: _____

Total of Tips to be reimbursed _____

Address: _____

Parking or Shuttle (attach original receipts) _____

City/State/Zip : _____

Amount of Hotel Bill to be reimbursed (attach original receipt) _____

(The hotel bill must show your name in order to be reimbursed)

Name of Roommate: _____

If none, you will be reimbursed at only 25% of the total hotel bill without prior approval.

Person you rode to the airport with _____

If none, you will be reimbursed only ½ the mileage reimbursement rate without prior approval.

Mileage: *(Miles traveled will be verified by state travel through MapQuest and paid at .36/mile)*

Address of Place of Departure: _____

(From home or job)

Address of Destination: _____

(Airport, meeting place or hotel / your destination for the travel)

TOTAL MILES _____

Meals: The state per diem is \$35 per day for attending an in-state event and \$43 per day for an out of state event. **Please mark only the meals that were NOT provided at either the hotel or conference/event. (Includes continental breakfast)**

All non provided meals will be paid for at the per diem rate : Breakfast \$8-10 Lunch \$11-13 Dinner \$16-20

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Traveler's Signature: _____ **Date** _____

I, the traveler, hereby certify that all items of expense included in this statement were incurred in the discharge of authorized official business and the amounts shown here are true and accurate. The undersigned hereby certify that the expenses on this form were authorized as essential to official UAAACT business and payment thereof will not exceed appropriation.

Approved by: _____ **Date** _____

Please check the UAAACT web site www.uaaact.org for rules on state travel. If you have any questions about how to complete this form or about UAAACT travel policies, please do not hesitate to call Lynn Marcoux at 801-887-9380. Be aware that some travel expenses are not covered. It is better to know what is not covered before the trip than afterwards! Please be frugal with your expenses and stay within your allotted budget! Hotel and mileage rates change occasionally. Please be aware of them before you make your plans. Send the completed form to: Lynn Marcoux, UCAT, 1595 West 500 South, Salt Lake City, UT 84104. If you do not have receipts, you may fax or e-mail it to me: 801-887-9382 / Lmarcoux@utah.gov.